

**United States Bankruptcy Court
Eastern District of Missouri**

FORM 21. STATEMENT OF SOCIAL SECURITY NUMBER

In re (name(s) of debtor(s))

Case No. year-number-judge

Chapter

STATEMENT OF SOCIAL SECURITY NUMBER(S)

1. Name of Debtor (enter Last, First, Middle):

(Check the appropriate box and, if applicable, provide the required information)

☐ Debtor has a Social Security Number and it is: ____ - ____ - ____
(If more than one, state all)

☐ Debtor does not have a Social Security Number.

1. Name of Joint Debtor (enter Last, First, Middle):

(Check the appropriate box and, if applicable, provide the required information)

☐ Joint Debtor has a Social Security Number and it is: ____ - ____ - ____
(If more than one, state all)

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X _____
Signature of Debtor Date

X _____
Signature of Joint Debtor Date

Joint debtors must provide information for both spouses.

Penalty for making a false statement. Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. § 152 and 3571.